Image# 15950807858 PAGE 1 / 47

#### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other	r Than An Au	thorized Co	mmittee			Office Us	e Only	
NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼	Example over the	: If typing, ty lines.	pe [	12FE41	M5		
American Health	n Care Associa	ation Politica	I Action Co	mmittee					
ADDRESS (number and	street)	Street, NW							
Check if different	ent								
than previously reported. (ACC		gton				DC	20005		
2. FEC IDENTIFICAT	TION NUMBER <b>▼</b>	C	ITY 🛦		S	TATE 🛦		ZIP COD	E 🛦
C C00006080			IS THIS REPORT	× NEW	OR		AMENDED (A)		
4. TYPE OF REPO (Choose One)	Rep	nthly X Fe	b 20 (M2)		20 (M5)		ug 20 (M8)		Nov 20 (M11) Non-Election Year Only)
(a) Quarterly Repo		Ma	ar 20 (M3)	H	0 (M6)	=	Sep 20 (M9)		Dec 20 (M12) Non-Election Year Only)
April 15 Quarterly I	Report (Q1)		or 20 (M4)	Jul 20	(M7)		Oct 20 (M10)		Jan 31 (YE)
July 15	Report (Q2)	12-Day  PRE-Election		ary (12P)	Щ		ral (12G)	L F	Runoff (12R)
October 15		Report for the:	Conv	rention (12C)	Ш	Speci	al (12S)		
January 3		Elect	ion on	M / D	D / Y	Y	Y	in the State of	
July 31 Mi Report (No Year Only)	on-election (a)	30-Day POST-Election	Gene	eral (30G)		Runo	ff (30R)	5	Special (30S)
Terminatio (TER)	n Report	Report for the:	ion on	M / D	D / Y	/ • Y • Y	Y	in the State of	
5. Covering Period	01 / O	1 2015		rough	M M M	/ 31	/ Y Y 201	y	
I certify that I have exa	mined this Report a	and to the best o	of my knowledg	e and belief	it is true	, correct	and complet	e.	
Type or Print Name of	Treasurer Mr. Mich	nael Wylie							
Signature of Treasurer	Mr. Michael Wylid	2	[Elec	tronically Filed	<u>I</u> J Da	ate 02	2 20	D / Y	2015
NOTE: Submission of fall	se, erroneous, or inc	complete informati	on may subject	the person s	igning this	s Report t	o the penaltie	es of 2 U.	S.C. §437g.
Office Use Only								FORN ev. 12/200	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2015 To: 01 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		213354.30
	(b) Cash on Hand at Beginning of Reporting Period	213354.30	
	(c) Total Receipts (from Line 19)	96526.93	96526.93
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	309881.23	309881.23
7.	Total Disbursements (from Line 31)	52472.37	52472.37
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	257408.86	257408.86
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Health Care Association Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	I	
(a) Individuals/Persons Other		
Than Political Committees	04555.40	84555.12
(i) Itemized (use Schedule A)	84555.12	04333.12
(ii) Unitemized	2971.81	2971.81
(iii) TOTAL (add		7 7 7
Lines 11(a)(i) and (ii)▶	87526.93	87526.93
(h) Delitical Books Committee	0.00	0.00
(b) Political Party Committees	0.00	
(such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines		7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	92526.93	92526.93
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Lean Denoymenta Descived	0.00	0.00
Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7 7	7 7
to Federal Candidates and Other		
Political Committees	4000.00	4000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))  Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	96526.93	965
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	96526.93	96526.9

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tillo I office	Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	070 27	070.07	
Expenditures	972.37	972.37	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	972.37	972.37	
Transfers to Affiliated/Other Party	372.01	312.01	
Committees	0.00	0.00	
Contributions to			
Federal Candidates/Committees and Other Political Committees	51500.00	51500.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:	3.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Defined			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
(add Lines 20(a), (b), and (c))			
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)		0.00	
(i) Federal Share	0.00	0.00	
(") III - 1 II Ob - 1	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
		7	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52472.37	52472.37	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	50,170,07	50,770,07	
from Line 31)	52472.37	52472.37	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	92526.93	92526.93	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92526.93	92526.93	
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	972.37	972.37	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	972.37	972.37	

Use separate schedule(s) for each category of the Detailed Summary Page

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(	che	ck only	or	ne)					
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		13		14		15	16	3	17

	Statements may not be sold or used by any per- he name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  John Barber  Mailing Address 130 E Main Street		Date of Receipt
City Spartanburg	State Zip Code SC 29306-5113	O1 22 2015  Transaction ID : C2916756  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	5000.00
White Oak Management, Inc.  Receipt For:  Primary General  Other (specify) ▼	Executive VP/CFO  Aggregate Year-to-Date   5000.00	-
Full Name (Last, First, Middle Initial)  Cecil Barcelo  Mailing Address 411 Alabama Ave		Date of Receipt  0,1 27 2015
City League City	State Zip Code TX 77573-2615	Transaction ID : C2933944  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	312.50
Name of Employer Baywind Village Receipt For:	Occupation Administrator	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  312.50	
Full Name (Last, First, Middle Initial)  Bobby Beebe		Date of Receipt
Mailing Address 763 Avery Boulevard North  City	State Zip Code	01 22 2015  Transaction ID : C2933871
Ridgeland	MS 39157-5218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer  Magnolia Management Corporation	Occupation Vice President	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional).	····	10312.50
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

7 for each category of the 12 Detailed Summary Page 13 14 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee

٦.	Full Name (Last, First, Middle Initial) Harold Beebe		Date of Receipt
	Mailing Address 14 Northtown Dr		M = M / D = D / Y = Y = Y
	Ste 202		01 22 2015
	City	State Zip Code	Transaction ID : C2933863
	Jackson	MS 39211-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Delco Inc.	Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	250.00	
3.	Full Name (Last, First, Middle Initial) William Biggs		Date of Receipt
	Mailing Address 8 Justice Lane		01 22 2015 _
	City	State Zip Code	Transaction ID : C2933881
	Anderson	SC 29621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer	Occupation	
	HMR Veterans Services	CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	5000.00	
	Full Name (Last, First, Middle Initial)  Jennifer G. Brady		Date of Receipt
<i>,</i>	Mailing Address 103 Paired Oaks Lane		
	Walling Address Tos Palred Oaks Lane		01 222015
	City	State Zip Code	Transaction ID : C2933875
	Wilmington	DE 19807	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	500.00
	Name of Employer	Occupation	
	Potter Anderson & Corroon LLP	Partner	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	5750.00
Т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associat	on Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Harold Branton		Date of Receipt
Mailing Address 4452 Socastee Blvd		01 22 2015
City	State Zip Code	Transaction ID : C2933876
Myrtle Beach	SC 29588-7206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Grand Strand Health Care	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Greg H. Brown		Date of Receipt
Mailing Address 155 West Point Court		01 27 2015
City	State Zip Code	Transaction ID : C2933945
Tonka Bay	MN 55331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Tealwood Care Centers Inc.	President & CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Douglas Burr		Date of Receipt
Mailing Address 11851 Wilde Run Court		01 10 _2015 _
City	State Zip Code	Transaction ID : C2936504
Roswell	GA 30075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer	Occupation	
Health Care Navigator LLC	VP of Finance, Reimbursement & Gov't R	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		1575.00
TOTAL This Period (last page this line number	only)	

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dule(s)	(check only		FAGL	. 9 01	47
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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associ	ciation Political Action Committee	
Full Name (Last, First, Middle Initial)  Steven E. Chies  Mailing Address 7651 Old Central Ave NE		Date of Receipt
	•	01 16 2015
City	State Zip Code	Transaction ID : C2913647
Fridley	MN 55432	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Benedictine Health System	Senior VP, Operations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Patti Cullen	•	Date of Receipt
Mailing Address 7851 Metro Parkway Suite 200		01 19 2015
City	State Zip Code	Transaction ID : C2914751
Bloomington	MN 55425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Care Providers of Minnesota	Occupation President/CEO	_
Receipt For:		_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		
c. Joseph Donchess		Date of Receipt
Mailing Address 7844 Office Park Blvd		01 22 2015
City Baton Rouge	State Zip Code LA 70809-7603	Transaction ID : C2933874  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	+
Louisiana Nursing Home Association	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Page (entions	il)	2250.00
SOBIOTAL OF NECERPLS THIS Page (Options	<u> </u>	
TOTAL This Period (last page this line num	ober only)	

	FOR LINE	NUMBER:	PAGE	E 10 OF	- 4
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Barbara J. Duffy Date of Receipt Mailing Address 2308 Walnut Ave SW 01 31 2015 City Zip Code State Transaction ID: C2922536 WA Seattle 98116 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Lane Powell PC Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy D. Dundon Date of Receipt Mailing Address 726 Barberry Trail 01 22 2015 City State Zip Code Transaction ID: C2933860 IL Fox River Grove 60021 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Medline HealthCare President, Health Care Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Anthony Durante Date of Receipt Mailing Address 26 North Broadway 2015 01 10 City Zip Code State Transaction ID: C2936508 NY Schenectady 12305 Amount of Each Receipt this Period FEC ID number of contributing 625.00 С federal political committee. Name of Employer Occupation Health Care Administrator Capital Living Nursing & Rehabilitatio Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 625.00

1625.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Patrick Fairbanks Date of Receipt Mailing Address 19915 Nina St. 2015 10 City Zip Code State Transaction ID: C2936511 ΝE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation COO Vetter Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peggy Fairbanks Date of Receipt Mailing Address 19915 Nina Street 01 07 2015 City State Zip Code Transaction ID: C2906776 NE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vetter Health Services RN - Leadership Development Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. James H. Gomez Date of Receipt Mailing Address 2201 K St 2015 01 07 City State Zip Code Transaction ID: C2906783 CA Sacramento 95816-4922 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation CEO/President CA Association of Health Facilities Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

FC	OR LI	NE	PAGE	1	12	OF	47			
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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Howard Groff  Mailing Address 7 100 W. (100 L.)		Date of Receipt
Mailing Address 7400 West 109th Street		01 10 2015
City Bloomington	State Zip Code MN 55438	Transaction ID : C2936512  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer  Tealwood Senior Living  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date ▼  1250.00	
Full Name (Last, First, Middle Initial)  3. Robert W. Hagan  Mailing Address 16 Norcross Street		Date of Receipt
Suite 100 City Roswell	State Zip Code GA 30075	01 14 2015 Transaction ID : C2912788
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  5000.00
Name of Employer Sterling Healthcare, Inc	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  C. Gerald Hamilton		Date of Receipt
Mailing Address 7612 Rio Penasco Court NW		01 10 2015
City Albuquerque	State Zip Code NM 87120	Transaction ID : C2936513  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
R&G Healthcare Management  Receipt For:  Primary General  Other (specify)	Owner  Aggregate Year-to-Date ▼  250.00	_
SUBTOTAL of Receipts This Page (optional)		6500.00
TOTAL This Period (last page this line number		

	FOR LINE NUMBER: PAGE 13 OF								
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12	_							
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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Herbert Heflich		Date of Receipt
Mailing Address 5 Van Pelt Ct		01 20 2015
City Martinsville	State Zip Code NJ 08836-2360	Transaction ID : C2916714  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer  Chelsea Senior Living  Receipt For:  Primary General  Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date ▼  2500.00	-
Full Name (Last, First, Middle Initial)  Richard Herrick  Mailing Address 33 Elk Street		Date of Receipt
City Albany	State Zip Code NY 12207	Transaction ID : C2936506  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer NYS Health Facilities Association	Occupation President	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Eddy Inzana		Date of Receipt
Mailing Address 8796 Route 219		01 22 2015
City Brockway	State Zip Code PA 15824	Transaction ID : C2933859  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Guardian Elder Care Receipt For:	CEO	_
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		3250.00
TOTAL This Period (last page this line numb	er only)	

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Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Jeanne C. Jaeckels  Mailing Address 12120 24th Street  City Clear Lake  FEC ID number of contributing federal political committee.	State Zip Code MN 55319	Date of Receipt  O1 10 2015  Transaction ID : C2936507  Amount of Each Receipt this Period  250.00
Name of Employer  Tealwood Senior Living  Receipt For:  Primary General  Other (specify) ▼	Occupation Director of Development  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Sonya Kemp  Mailing Address 438 North Water Avenue  City	State Zip Code	Date of Receipt  O1 14 2015  Transaction ID : C2913191
Gallatin  FEC ID number of contributing federal political committee.  Name of Employer Gallatin Health Care	TN 37066-2306  C Occupation Administrator	Amount of Each Receipt this Period  1250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)  Nicholas J. Lynn  Mailing Address 190 S. LaSalle Street Suite 3700  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Duane Morris LLP  Receipt For:  Primary General Other (specify)	State Zip Code IL 60603  C Occupation Attorney  Aggregate Year-to-Date ▼	Date of Receipt  O1 25 2015  Transaction ID : C2918065  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number		

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Maureen Marchant  Mailing Address 3618 Devonshire Lane		Date of Receipt
		01 27 2015
City	State Zip Code	Transaction ID : C2933940
Bloomington	IN 47403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1100.00
Name of Employer	Occupation	-
Hospitality House	Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)  Patrick Martone  Mailing Address as North Procedure:		Date of Receipt
Mailing Address 26 North Broadway		01 10 _2015 _
City	State Zip Code	Transaction ID : C2936509
Schenectady	NY 12305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Capital Living Nursing & Rehabilitatio	Occupation Health Care Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial)  C. Ralph Mason		Date of Receipt
Mailing Address 1070 W Webb Rd		01 27 2015
City Dewitt	State Zip Code MI 48820-8396	Transaction ID : C2933949  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Rosewood LLC	Owner	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1975.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Morton Date of Receipt Mailing Address 415 Rogers Avenue 2015 22 City State Zip Code Transaction ID: C2933878 AR 72901-1903 Fort Smith Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Central Arkansas Nursing Centers Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Pelligrino Date of Receipt Mailing Address 7 McNab Court 01 18 2015 City State Zip Code Transaction ID: C2914723 NJ Bridgewater 08807 Amount of Each Receipt this Period FEC ID number of contributing 1001.00 federal political committee. Name of Employer Occupation Bridgeway Senior Healthcare CEO/Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1001.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Ponthie Date of Receipt Mailing Address 2723 Alvamar Drive 2015 01 12 City State Zip Code Transaction ID: C2908179 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Summit Health Resources, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

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11001.00

SUBTOTAL of Receipts This Page (optional).....

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	and Statements may not be sold or used by any per ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Health Care Asso	ociation Political Action Committee	
Full Name (Last, First, Middle Initial)  Clifton Porter  Mailing Address 3929 Azalea Court		Date of Receipt
-		01 22 2015
City Maumee	State Zip Code OH 43537	Transaction ID : C2933907
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  384.62
Name of Employer  American Health Care Association  Receipt For:  Primary General  Other (specify) ▼	Occupation SVP Government Relations  Aggregate Year-to-Date ▼  384.62	* Payroll Deduction: \$192.31 Bi-Weekly
Full Name (Last, First, Middle Initial)  Melbane Pruitt  Mailing Address 1626 Jeurgens Ct		Date of Receipt
City	State Zip Code	01 08 2015 Transaction ID : C2936502
Norcross	GA 30093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1666.00
Name of Employer N/A	Occupation Homemaker	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.00	
Full Name (Last, First, Middle Initial)  Neil L. Pruitt Jr.		Date of Receipt
Mailing Address 1626 Jeurgens Ct		01 08 2015
City Norcross	State Zip Code GA 30093	Transaction ID : C2936501
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1666.00
Name of Employer	Occupation	-
Pruitt Health	President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.00	
SUBTOTAL of Receipts This Page (option	nal)	3716.62
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	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Mark Reagan  Mailing Address 1330 Butterfield Road		Date of Receipt
City	State Zip Code	01 27 2015 Transaction ID : C2933942
San Anselmo	CA 94960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Hooper, Lundy & Bookman	Occupation Attorney	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  1000.00	_
Full Name (Last, First, Middle Initial)  Tara Roberts  Mailing Address 269 Harders Crossing Blvd		Date of Receipt
City	State Zip Code	01 19 2015
Shreveport	LA 71106-8526	Transaction ID : C2914899  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Nexion Health Management Inc	Occupation VP of Rehab and Wound Care Srvc	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 30100 Chagrin Boulevard		01 30 2015
City Cleveland	State Zip Code OH 44124	Transaction ID : C2933959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Rolf & Goffman Co., LPA Receipt For:	President & Partner	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1500.00
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Health Care Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial)  Terry Schmoyer Jr.  Mailing Address 1330 Lady St, Ste 507  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Schmoyer & Company, LLC Receipt For: Primary General Other (specify)	State Zip Code SC 29201-3300  C  Occupation President  Aggregate Year-to-Date ▼  300.00	Date of Receipt  O1 22 2015  Transaction ID : C2916727  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Gerald Schroer Jr.  Mailing Address 339 East Maple Street Suite 100  City North Canton  FEC ID number of contributing federal political committee.  Name of Employer Absolute Health Services  Receipt For:  Primary General Other (specify)	State Zip Code OH 44720  C  Occupation President  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  O1 27 2015  Transaction ID : C2933946  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Shawn Scott  Mailing Address One Medline Place  City  Mundelein  FEC ID number of contributing federal political committee.  Name of Employer  Medline  Receipt For:  Primary  General  Other (specify)	State Zip Code IL 60060  C  Occupation Senior VP HC Corporate Sales  Aggregate Year-to-Date ▼  250.00	Date of Receipt  101 21 2015  Transaction ID : C2936514  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional	il)	1800.00
TOTAL This Period (last page this line num	nber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Scott Sibigtroth Date of Receipt Mailing Address One Medline Place 2015 26 City State Zip Code Transaction ID: C2919026 Mundelein IL 60060 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Medline Industries President, National Accounts, Post-Acu Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Tabak Date of Receipt Mailing Address 101 East State Street 01 19 2015 City State Zip Code Transaction ID: C2914902 PA Kennett Square 19348 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Genesis HealthCare SVP Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. James W. Unverferth Date of Receipt Mailing Address 1100 Shawnee Rd 2015 01 10 City Zip Code State Transaction ID: C2936503 OH Lima 45805-3529 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation President & CEO HCF Management, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Glenn Van Ekeren  Mailing Address 21134 Arbor Court  City Elkhorn  FEC ID number of contributing federal political committee.  Name of Employer  Vetter Health Services  Receipt For:  Primary General Other (specify)	State Zip Code NE 68022-2063  C Occupation President  Aggregate Year-to-Date ▼	Date of Receipt  M M / 21 2015  Transaction ID: C2916177  Amount of Each Receipt this Period  2500.00
Full Name (Last, First, Middle Initial)  Marilyn Wood  Mailing Address 1280 Spoonbill Landings Cir  City  Bradenton  FEC ID number of contributing federal political committee.  Name of Employer  Opis Management Resources LLC  Receipt For:  Primary General Other (specify)	State Zip Code FL 34209-7372  C  Occupation CEO/Owner  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M M / 22 2015  Transaction ID : C2933880  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  Matthew Yarwood  Mailing Address 718 Bartlett Ave  City Hayward  FEC ID number of contributing federal political committee.  Name of Employer St Francis Extended Care Receipt For:  Primary General Other (specify)	State Zip Code CA 94541  C  Occupation Administrator  Aggregate Year-to-Date ▼	Date of Receipt  101 23 2015  Transaction ID: C2917927  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		7750.00
TOTAL This Period (last page this line number	only)	5 1 5

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) iCare Management LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2933882
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street	Chate 7in Code	01 22 7 2015
City	State Zip Code	Transaction ID : C2933883
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation  Nursing Home Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  C. iCare Health Management, LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 22 2015
City	State Zip Code	Transaction ID : C2933884
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	500.00
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2015 22 City State Zip Code Transaction ID: C2933885 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chestnut Point Realty, LLC Date of Receipt Mailing Address 341 Bidwell St 01 22 2015 City State Zip Code Transaction ID: C2933888 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933889 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Hartford/Windsor Healthcare Properties, LLC Date of Receipt Mailing Address 341 Bidwell Street 2015 City State Zip Code Transaction ID: C2933890 CT Manchester 06040 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933891 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kettle Brook Realty, LLC Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933892 CT Manchester 06040 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) American Health Care Associat	ion Political Action Committee						
A.	Full Name (Last, First, Middle Initial) Chris S. Wright Mailing Address 341 Bidwell Street		Date of Receipt					
			01 22 2015					
	City	State Zip Code CT 06040-6470	Transaction ID: C2933893					
	Manchester	CT 06040-6470	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	250.00					
	Name of Employer	Occupation						
	Self Employed	Nursing Home Owner						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *					
В.	Full Name (Last, First, Middle Initial) Trinity Hill Realty, LLC		Date of Receipt					
	Mailing Address 341 Bidwell Street		01 22 2015					
	City	State Zip Code	Transaction ID: C2933894					
	Manchester	CT 06040	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	250.00					
	Name of Employer	Occupation						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	250.00	PARTNERSHIPpartners below if itemized					
<del></del>	Full Name (Last, First, Middle Initial) Chris S. Wright		Date of Receipt					
	Mailing Address 341 Bidwell Street		01 22 2015					
	City Manchester	State Zip Code CT 06040-6470	Transaction ID : C2933895  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer	Occupation						
	Self Employed	Nursing Home Owner						
	Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]					
	Primary General  Other (specify) ▼	5000.00	*					
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NAME OF COMMITTEE (In Full)  American Health Care Asso	ociation Political Action Committee	
/		
Full Name (Last, First, Middle Initial)  Number (Last, First, Middle Initial)  Number (Last, First, Middle Initial)		Date of Receipt
Mailing Address 341 Bidwell Street		Mam / Dab / Yayayay
		01 22 2015
City Manchester	State Zip Code CT 06040	Transaction ID : C2933896
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		250.00
Name of Employer	Occupation	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	PARTNERSHIPpartners below if itemized
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Chris S. Wright	<u> </u>	Date of Receipt
Mailing Address 341 Bidwell Street		M = M / D = D / Y = Y = Y
City	State Zip Code	01 22 2015 Transaction ID : C2933897
Manchester	CT 06040-6470	Transaction ID : C2933897  Amount of Each Receipt this Period
FEC ID number of contributing	0	T
federal political committee.	C	250.00
Name of Employer	Occupation	†
Self Employed	Nursing Home Owner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	5000.00	*
Full Name (Last, First, Middle Initial)  Bidwell Realty, LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 22 2015
City	State Zip Code	Transaction ID : C2933898
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		PARTNERSHIPpartners below if itemized
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	nal)	500.00
TOTAL This Period (last page this line nu	ımber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2015 22 City State Zip Code Transaction ID: C2933899 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Farmington Realty, LLC Date of Receipt Mailing Address 341 Bidwell St 01 22 2015 City State Zip Code Transaction ID: C2933900 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2015 01 22 City State Zip Code Transaction ID: C2933901 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Meriden Realty Investments, LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 22 2015
City	State Zip Code	Transaction ID : C2933902
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		M M / D D / Y Y Y Y
City	State Zip Code	01 22 2015 Transaction ID : C2933903
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation	
Receipt For:	Nursing Home Owner	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial)  C. Westside Realty Investment, LLC	<u>,                                      </u>	Date of Receipt
Mailing Address 341 Bidwell St		01 22 2015 _
City	State Zip Code	Transaction ID : C2933904
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	PARTNERSHIPpartners below if itemized
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Health Care Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Chris S. Wright Mailing Address 341 Bidwell Street		Date of Receipt
City Manchester	State Zip Code CT 06040-6470	01 22 2015  Transaction ID : C2933905  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Nursing Home Owner  Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial)  Central Management Company,  Mailing Address PO Box 1438		Date of Receipt  01 22 2015
City Winnfield FEC ID number of contributing	State Zip Code LA 71483-1438	Transaction ID : C2933906  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	5000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Teddy Rae Price		Date of Receipt
Mailing Address PO Box 1438  City	State Zip Code	01 22 2015 Transaction ID : C2933908
Winnfield  FEC ID number of contributing federal political committee.	LA 71483-1438	Amount of Each Receipt this Period 2500.00
Name of Employer  Central Management Company, LLC  Receipt For:  Primary  General	Occupation Owner  Aggregate Year-to-Date ▼	[MEMO ITEM]
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional	<u>                                      </u>	5000.00
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 30 OF 47 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jamie Shelton Date of Receipt Mailing Address PO Box 1438 2015 01 22 City Zip Code State Transaction ID: C2933909 Winnfield LA 71483 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation COO Central Management Company Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chelsea Place Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 22 2015 City State Zip Code Transaction ID: C2933910 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933911 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	sisting Political Action C	
/ American Health Care Asso	ciation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Chestnut Point Care Center, LLC		Date of Receipt
Mailing Address 341 Bidwell St		Mam / Dab / Yayayay
		01 22 2015
City Manchester	State Zip Code CT 06040-6470	Transaction ID : C2933912
	01 00040-0470	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General	00 0	PARTNERSHIPpartners below if itemized
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		01 22 _2015 _
City	State Zip Code	Transaction ID : C2933913
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Nursing Home Owner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General  Other (specify) ▼	5000.00	*
Full Name (Last, First, Middle Initial)  C. Kettle Brook Care Center, LLC	 C	Date of Receipt
Mailing Address 341 Bidwell St		01 22 _ 2015 _
City	State Zip Code	Transaction ID : C2933914
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General		PARTNERSHIPpartners below if itemized
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	500.00
IUIAL This Period (last page this line nui	mber only)	

FOR LINE NUMBER: PAGE 32 OF 47 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2015 22 City Zip Code State Transaction ID: C2933915 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Trinity Hill Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 22 2015 City State Zip Code Transaction ID: C2933916 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933917 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER:	PAGE	33 OF	47
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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Full Name (Last, First, Middle Initial)	ation Political Action Committee	
Wintonbury Care Center, LLC  Mailing Address 341 Bidwell St		Date of Receipt
City	State Zip Code	01 22 2015 Transaction ID : C2933918
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		01 22 2015
City	State Zip Code	Transaction ID : C2933919
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation  Nursing Home Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  Bidwell Care Center, LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 22 2015
City Manchester	State         Zip Code           CT         06040-6470	Transaction ID : C2933920  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional)		500.00
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NAME OF COMMITTEE (In Full)  American Health Care Asso	ociation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Chris S. Wright  Mailing Address 341 Bidwell Street		Date of Receipt  01 22 2015
City Manchester	State         Zip Code           CT         06040-6470	Transaction ID : C2933921  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Nursing Home Owner  Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  B. Farmington Care Center, LLC  Mailing Address 341 Bidwell St		Date of Receipt  01 222015
City Manchester  FEC ID number of contributing	State Zip Code CT 06040-6470	Transaction ID : C2933922  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  C. Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		01 22 / 2015
City Manchester	State         Zip Code           CT         06040-6470	Transaction ID : C2933923  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Nursing Home Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *
SUBTOTAL of Receipts This Page (option	nal)	250.00
TOTAL This Period (last page this line nu	umber only)	

FOR LINE NUMBER: PAGE 35 OF 47 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Meriden Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 2015 01 22 City Zip Code State Transaction ID: C2933924 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 22 2015 City State Zip Code Transaction ID: C2933925 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Westside Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 22 2015 City State Zip Code Transaction ID: C2933926 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 36 OF 47 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2015 22 City State Zip Code Transaction ID: C2933927 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Klaton Properties Date of Receipt Mailing Address 3715 SW 29th St 01 27 2015 City State Zip Code Transaction ID: C2933950 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Floyd Eaton Date of Receipt Mailing Address 3715 SW 29th St 2015 01 27 Ste 200 City State Zip Code Transaction ID: C2933951 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation Midwest Health Services Inc Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		117

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	tion Delitical Action Occasion	
American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Klaton Properties		Date of Receipt
Mailing Address 3715 SW 29th St		01 27 2015
City	State Zip Code	Transaction ID : C2933952
Topeka	KS 66614-2107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  Jim Klausman		Date of Receipt
Mailing Address 3715 SW 29th Street Suite 200		01 27 2015
City	State Zip Code	Transaction ID: C2933953
Topeka	KS 66614-2164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Midwest Health Management	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  C. Klaton Leasing, LLC		Date of Receipt
Mailing Address 3715 SW 29th St		01 27 2015
City	State Zip Code	Transaction ID : C2933954
Topeka	KS 66614-2107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional)		5000.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 38 OF 47 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Floyd Eaton Date of Receipt Mailing Address 3715 SW 29th St Ste 200 2015 27 City State Zip Code Transaction ID: C2933956 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Midwest Health Services Inc Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Klaton Leasing, LLC Date of Receipt Mailing Address 3715 SW 29th St 01 27 2015 City State Zip Code Transaction ID: C2933955 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jim Klausman Date of Receipt Mailing Address 3715 SW 29th Street 2015 01 27 Suite 200 Zip Code City State Transaction ID: C2933957 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation President Midwest Health Management Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 39 OF 47 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) The Willows Assisted Living LLC Date of Receipt Mailing Address 806 S Street 30 2015 City State Zip Code Transaction ID: C2935358 ΝE Neligh 68756 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jayne Prince Date of Receipt Mailing Address 806 S Street 01 30 2015 City State Zip Code Transaction ID: C2935359 NE Neligh 68756 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation The Willows Assisted Living Administrator Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... 84555.12 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 40 OF 47 (check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial)  A. DIRECT SUPPLY INC. PARTNERS F	PAC (DSI PARTNERS PAC)	Date of Receipt
Mailing Address 6767 North Industrial Road		01 22 2015
City	State Zip Code	Transaction ID: C2933862
Milwaukee	WI 53223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00409516	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to bate t	1
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)		
3		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
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Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SURTOTAL of Receipts This Page (ontional)		5000.00

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5000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 47 (check only one)  11a 11b 11c 12 15 X 16 17					
	ry information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) American Health Care Associati	on Politic	cal Action Committee						
Α.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS			Date of Receipt					
	Mailing Address 38 Risley Road			01 27 2015					
	City Vernon	State CT	Zip Code 06066	Transaction ID : C2933934  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0410233	4000.00					
	Name of Employer	Occupation	1						
	Receipt For: 2014  Primary ★ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00						
В.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼						
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt					
C.	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation	1						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼						
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S	CHEDULE B (FEC Form 3X)			T FOR ! !!!	WILLIANDED.		PAGE	42	OF 47		
ITEMIZED DISBURSEMENTS		Use separa	te schedule(s)	FOR LINE I	NOWBEN.						
П	EINITED DISDOUSEMENTS		tegory of the	(criccit crity)	22	23	24	25	<u>26</u>		
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	for commercial purposes, other than using the nam										
$\setminus$	NAME OF COMMITTEE (In Full)										
$  \rangle$	American Health Care Association	Political A	Action Con	nmittee							
/	, on carring and / 10000 and in	. Unitiodi F	.5511 0011								
_	Full Name (Last, First, Middle Initial)										
Α.	American Express	Date of Dis	bursemei	nt							
	·		M M / D D / Y Y Y Y								
	Mailing Address PO Box 53773				01	12	2	2015			
	City	Ptoto -	in Code								
	City S Phoenix		Zip Code 35072-3773		Transaction	on ID : D	164544				
	Purpose of Disbursement	, <u>, ,                                </u>	JUUI <u>2</u> -3113								
	Credit Card Processing Fees				Amount of I	Each Dis	bursemer	nt this	Period		
	Candidate Name			Catagory							
				Category/ Type		7		10	6.62		
	Office Sought: House Disbursen	nent For:		71		,	,				
	Senate	Primary	General								
	President	Other (specify	') <b>▼</b>								
_	State: District:										
	Full Name (Last, First, Middle Initial)										
В.	American Express				Date of Dis	bursemei	nt				
		M = M / D = D / Y = Y					Υ				
	Mailing Address PO Box 53773	Mailing Address PO Box 53773						2015			
			Zip Code		Transacti	on ID : D	164545				
	Phoenix Purpose of Disbursement	AZ 8	85072-3773								
	Credit Card Processing Fees			Amount of Each Disbursement this Period							
	Candidate Name				, anount of t		23.0011101		. 51.00		
				Category/ Type	L			10	6.40		
	Office Sought: House Disbursen	nent For:		.,,,,		,					
		Primary	General								
	President	Other (specify	<u>')</u>								
	State: District:										
	Full Name (Last, First, Middle Initial)										
C.	American Express				Date of Dis	bursemei	nt				
	·				M M /	D D	/ Y	YY	Υ		
	Mailing Address PO Box 53773				01	20	2	2015			
	,		Zip Code		Transacti	on ID : D	164546				
	Phoenix Purpose of Disbursement	AZ 8	35072-3773								
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	Candidate Name			Catanini	Amount of I	=ach Dis	bursemer	น เกเร	renoa		
				Category/ Type	1		_ =	17	0.40		
	Office Sought: House Disbursen	nent For:		71		7	7				
	Senate	Primary	General								
	President	Other (specify	<u>'</u> ) ▼								
	State: District:		•								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53773  City State Zip Code Phoenix AZ 85072-3773  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Senate President Other (specify) Financy General Other (specify) Fill Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  State: District:  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3)		FOR LINE	NUMBER:	PAGE 43 OF 47				
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		Primary Other (spec	General								
	State: District:	Cirioi (Spei	<u> </u>								
_	Full Name (Last, First, Middle Initial)				$\neg \vdash$						
C.	BB&T					Date of	Disbur	sement			
	Mailing Address 1099 New York Ave NW							21 /		у пу 2015	Y
	Ste 100									_0.0	
	•	State	Zip Code			Trans	action I	D : D16	64543		
	Washington DC 20001-4452 Purpose of Disbursement										
	Bank Fees					Amount	of Eac	h Disbu	ırseme	nt this	Period
	Candidate Name			Category, Type	/						3.63
	Office Sought: House Disbursen	nent For:					- 7		7		
		Primary	General								
	President	Other (spe	cify) 🔻								
	State: District:										
,	SUBTOTAL of Disbursements This Page (optional)									54	1.43
F						<del></del>	1	<del></del>	7	_	
Т	OTAL This Period (last page this line number only)				<b>•</b>		,		7	972	2.37

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 45	OF 47
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
Г		27	28a 28b 28c 29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Health Care Association	n Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)			D (D)	
A. BOEHNER FOR SPEAKER COM	MITTEE		Date of Disbursement	
Mailing Address 320 First Street, SE			01 08 2015	Y
City	State Zip Code		T ID D40040	
WASHINGTON	DC 20003		Transaction ID : D163910	
Purpose of Disbursement Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/	500	20.00
		Type	500	00.00
	ement For:			
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. BOEHNER FOR SPEAKER COM	MITTEE		Date of Disbursement	
BOEFINER FOR OF EARLINGON			M = M / D = D / Y = Y = Y	Y
Mailing Address 320 First Street, SE			01 15 2015	
City	State Zip Code DC 20003		Transaction ID : D164233	
WASHINGTON Purpose of Disbursement	DC 20003			
Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/		
		Type	500	00.00
Office Sought: House Disburse	ement For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  C. BRADY FOR CONGRESS			Date of Disbursement	
o. BRADT FOR CONGRESS			M M / D D / Y Y Y	V
Mailing Address P.O. Box 8277			01 15 2015	
City	State Zip Code		Transaction ID : D164234	
The Woodlands Purpose of Disbursement	TX 77387			
Contribution			Assessment of Foods District on their	Deviced
Candidate Name		0.1	Amount of Each Disbursement this	Period
Rep. Kevin Brady		Category/ Type	500	00.00
•	ement For: 2016	71		
Senate	Primary General			
President	Other (specify) ▼			
State: TX District: 08				
			4500	20.00
SUBTOTAL of Disbursements This Page (optional)		······	1500	00.00
TOTAL This Desired (test seems 1).	.)			
TOTAL This Period (last page this line number onl	y)			

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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBEF	₹:	PAGE	46 (	OF 47		
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only one)							
		ummary Page	21		23 28b	24 28c	25 29	26 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)		7.1								
American Health Care Association	Political	Action Cor	nmittee							
Full Name (Last, First, Middle Initial)	_			5.						
A. Democratic Senatorial Campaign C	Committe	е		Date	Date of Disbursement					
Mailing Address 430 S Capitol St SE	01	29		2015	Y					
City	State	Zip Code		T	anation ID	D464407				
r as migran	DC	20003-4024		ıran	saction ID :	D164427				
Contribution	Purpose of Disbursement Contribution							Period		
Candidate Name			Category/ Type		,	. ,	15000	).00		
	nent For: Primary Other (speci	General <b>f</b> y) <b>▼</b>								
State: District:		•								
Full Name (Last, First, Middle Initial)										
B. HEARTLAND VALUES PAC	•									
		01	/ D D 08		y	Y				
Mailing Address PO Box 505										
,	State SD	Zip Code 57101		Tran	saction ID :	D163909				
Purpose of Disbursement	<u> </u>	37101								
Contribution	'					isburseme	nt this I	Period		
Candidate Name			Category/ Type		-,	. , .	1500	0.00		
Office Sought: House Disbursem	nent For: Primary	General								
President State: District:	Other (speci	fy) 🔻								
Full Name (Last, First, Middle Initial)										
C. National Republican Senatorial Cor	mmittee			Date of	of Disbursem	ent				
Mailing Address 425 2nd St NE				01	29		2015	Y		
City	State	Zip Code		_		D464400				
Washington	DC	20002-4914		Tran	saction ID :	D164428				
Purpose of Disbursement Contribution										
Candidate Name				Amou	nt of Each D	isbursemei	nt this I	Period		
Candidate Name			Category/ Type				15000	).00		
Office Sought: House Disbursem	nent For:									
	Primary	General								
President State: District:	Other (speci	ry) ▼								
orare. District.										
SUBTOTAL of Disbursements This Page (optional)			······································				31500	.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 47 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29				
Any information copied from such Reports and Stater							
or for commercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions from such committee				
NAME OF COMMITTEE (In Full)	Dalitiaal Astian Os	:					
American Health Care Association	Political Action Col	mmittee					
Full Name (Last, First, Middle Initial)			B (B)				
A. ORRINPAC		Date of Disbursement					
Mailing Address 175 S. WEST TEMPLE, SUITE 650		01 16 2015					
•	State Zip Code		Transaction ID : D164246				
SALT LAKE CITY	UT 84101		Transaction ID . D104240				
Purpose of Disbursement Contribution			Amount of Each Disbursement this Pe				
Candidate Name		Category/	0500.0				
25	. <del>-</del>	Type	2500.0				
Office Sought: House Disburser Senate	nent For:  Primary General						
President	Other (specify)						
State: District:	<b>₹</b>						
Full Name (Last, First, Middle Initial)							
B. MCCASKILL FOR MISSOURI		Date of Disbursement					
Mailing Address PO Box 300077		01 29 2015					
Mailing Address PO Box 300077		01 29 2013					
•	State Zip Code		Transaction ID : D164426				
SAINT LOUIS Purpose of Disbursement	MO 63130						
Contribution			Amount of Each Disbursement this Pe				
Candidate Name		Category/					
Sen. Claire McCaskill		Type	2500.0				
	ment For: 2018						
Senate President	Primary General Other (specify) ▼						
State: MO District:	Other (opeony)						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Moiling Address		M M / D D / Y Y Y Y					
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
r dipose of bioscitoment		Amount of Each Disbursement this Pe					
Candidate Name		Category/	Amount of Each Biobardoment and Fe				
		Type					
Office Sought: House Disburser							
Senate   President	Primary General Other (specify) ▼						
State: District:	outer (opeony)						
SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00				
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